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Conference of States Parties to the Convention on the Rights of Persons with Disabilities
Third session
New York, 1 to 3 September 2010

Summary record of the 3rd meeting
Held at Headquarters, New York, on Thursday, 2 September 2010, at 10 a.m.

Presidents:	Prince Al-Hussein (Vice-President)	(Jordan)
and	Ms. Mayende-Sibiya (Vice-President)	(South Africa)
later:	Mr. Kosa (Vice-President)	(Hungary)
later:	Ms. Mayende-Sibiya (Vice-President)	(South Africa)

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In the absence of Mr. Heller (Mexico), Prince Al-Hussein (Jordan) and Ms. Mayende-Sibiya (South Africa), Vice-Presidents, took the Chair.

The meeting was called to order at 10.15 a.m.

Matters related to the implementation of the Convention

(b) Round Table 2: Inclusion and the right to education

1. **Prince Al-Hussein** (Jordan), President, said that the right to education had been enhanced by article 24 of the Convention on the Rights of Persons with Disabilities, which ensured that children with all types of disabilities were included in social and academic activities. Access to education meant accessible schools, accommodating teachers, understanding students and a supportive administration and community. The implementation of article 24 would be challenging, but also rewarding for every community and society. Albert Einstein, whom many would have labelled dyslexic, had said that limitations could only be overcome once they had been accepted.

2. Speaking as the representative of Jordan, he said that his country's Higher Council for the Affairs of Persons with Disabilities had recently developed accreditation standards for education programmes, so that children with disabilities, including those living in impoverished urban and rural areas, could exercise their right to high-quality education. The Council was working with the Minister of Education to ensure that all children with disabilities, including intellectual disabilities, had access to education and to mainstream such specialized services.

3. **Ms. Mayende-Sibiya** (South Africa), President, said that the purpose of the round table was to assess the progress of States parties in implementing article 24, reflect on successes and address challenges. Speaking as the representative of South Africa, she said that her Government was committed to providing inclusive education so that children with disabilities could enjoy their human rights and freedoms on an equal basis. The right of children with disabilities to express their views on all decisions affecting them was recognized in South Africa's legislation and policy on education. New national norms on educational infrastructure called for universal design in the construction of schools, the introduction of information and communications technology, and other measures designed to eliminate obstacles to accessibility for students with disabilities.

4. An inclusive education policy was being implemented in three stages over a 20-year period. The first stage had targeted the 30 poorest districts in the country; one school in each district had been converted into a full-service school to serve as a model of inclusivity, and 34 special schools within those districts had been converted into resource centres. Support teams had been trained to provide integrated services to each district, maximizing existing resources through intersectoral collaboration. Media and awareness-raising campaigns on the rights of persons with disabilities to education had been conducted and DVDs portraying persons with disabilities in a manner consistent with the Convention had been distributed to schools. Monitoring and evaluation systems were in place and further remedies were being developed in order to improve access to education.

5. **Ms. Cisternas Reyes** (Vice-Chairperson of the Committee on the Rights of Persons with Disabilities), speaking from a Braille text, said that article 24 of the Convention expanded the right of persons with disabilities to education, which in turn had an impact on appropriate actions to ensure its exercise. The Convention was based on a holistic concept of the right to education as established by the major human rights instruments of the twentieth century, including those on civil and cultural rights and the rights of children, women, migrants and indigenous peoples. Those instruments had pushed the notion of the right to education beyond simple access to the classroom to encompass issues such as personal development, pluralism and environmental conservation, as well as equal opportunity and non-discrimination. The Convention was also founded on the established concepts of free universal education, gender equality, diversity among teachers, and students' freedom of expression and right to information.

6. The Convention built on that broad concept of the right to education to include two further, interrelated elements: inclusion and quality. In line with the Salamanca Statement and Framework for Action on Special Needs Education, the concept of inclusion accounted for diversity in the provision of education to all, a principle in which aspects of quality were inherent. Quality of education implied a range of educational responses that could be adapted to suit the circumstances of each student. The principle of quality

encompassed the many parameters for education that were reaffirmed in the Convention. Inclusion in education could not exist without quality, and vice versa. Thus, enjoyment of the right to education was not ensured simply by giving children with disabilities access to an educational institution.

7. There was an inextricable, directly proportional relationship between inclusion and quality. Article 24 articulated that relationship in calling for reasonable accommodation of individual requirements, including adapted curricula; individualized support measures, which were linked to articles 12 and 3; recognition of students' participation in the learning process; facilitation of Braille and other alternative modes of communication; promotion of the linguistic identity of the deaf community; continuous training of teachers and hiring of teachers with disabilities; facilitation of peer mentoring; and support for accessibility in its broadest sense, including in transport and communications. Those measures were closely related to article 8 of the Convention, which called for measures to raise awareness of the capabilities and contributions of persons with disabilities.

8. Inclusive, quality education required the involvement of all components of society, and those principles should be respected regardless of funding levels or of whether institutions were public or private. Likewise, the independent status of certain universities did not exclude them from standards for inclusion and quality. Career paths appropriate to the talents and skills of students with disabilities must be open to them. Lastly, efforts must be made to adapt public policy and create funding in order to make inclusive standards a reality in education systems and in communities generally.

9. **Ms. English** (World Bank), speaking as Deputy Head of Education in the Education for All — Fast Track Initiative (FTI), said that the Initiative was a global partnership made up of Governments, multilateral agencies, donor agencies and civil society with the aim of providing all children with access to primary school education by 2015. Its principal mechanism was the endorsement of education sector proposals developed by low-income countries. Since its founding in 2002, FTI had provided $2 billion to projects in 42 countries. While significant gains had been achieved in sub-Saharan Africa, including major improvement in the areas of gender parity in education, primary school enrolment and funding for teachers, the quality of education was still lacking as seen from indicators such as reading assessments.

10. In low-income countries, the incidence of children with disabilities was 10 to 12 per cent and one third of out-of-school children had a disability. The countries with the greatest numbers of out-of-school children — including Ethiopia, Yemen, Mozambique, Nigeria and Bangladesh — were already receiving or were eligible for FTI resources. All of the countries participating in the Initiative had mentioned a need for inclusive education in their education sector plans and about half of them had presented a strategy to mainstream inclusion. However, low-income countries faced major difficulties in implementing inclusive strategies, including a lack of databases at the local, regional and national levels that could be used to determine who was out of school and why. Weak capacity assessment and screening owing to rigid government procedures and lack of coordination was also a problem. More collaboration between ministries of education, social affairs and health; local governments; and civil society was needed in order to address that problem.

11. The first step to implementing inclusive strategies was to establish baseline data on the prevalence of children with disabilities in the educational system and out of school. In that connection, FTI was working with the Government of Cambodia and United Nations agencies in that country to set up a comprehensive school-mapping system and to establish baseline data and a screening system to help schools identify problem areas. In addition, the Government had been adapting its existing strategies to promote inclusion, including by providing referrals to specialized services, improving data management at the district level and expanding scholarship programmes for children from low-income households and ethnic minorities to include children with disabilities. Studies conducted in Kenya, Ethiopia and Cambodia had shown that while capacity to accommodate children with hearing and visual disabilities had often developed, there were no systems in place for children with multiple disabilities, autism and communication problems. Weak screening and assessment systems played a significant role in that systemic shortcoming.

12. The next steps for FTI included the use of funding programmes to help low-income countries adjust their education sector plans in order to reach children who were currently out of school using the

tools developed in Cambodia and other countries. Many countries had achieved an 85 per cent primary school enrolment rate and the 10 to 15 per cent of children out of school commonly represented those with learning disabilities. Their enrolment required more complex approaches and collaboration among different agencies, not simply actions by the Ministry of Education alone. For example, World Bank projects in Jordan and Tunisia had provided funding so that universities and research centres could develop the training, curricula and institutional design required for inclusive education. The involvement of all levels of education, beyond the primary and secondary level, and of other sectors of society was needed. During the past year, FTI had incorporated strategies focusing on learning outcomes and data on out-of-school children as indicators in the results framework required of partner countries. Accordingly, it would be providing technical assistance to help low-income countries mobilize resources in order to adjust their education sector plans and implement appropriate design strategies.

13. **Mr. Jokinen** (President, World Federation of the Deaf), signing through an interpreter, said that the theme of the discussion was of the utmost importance to the global deaf community. By outlining the right to receive education in sign language and to access professional sign language interpreting, the Convention affirmed that without the ability to exercise their linguistic and cultural rights, deaf people were limited in their enjoyment of their human rights. Without access to education in sign language, deaf children could easily be excluded from all spheres of life.

14. Sign language was the most accessible language to deaf children since it could be acquired through visual perception alone. In order to access the cognitive, emotional and social development offered by language acquisition, as well as the cultural identity of their community, deaf children not only required their parents to learn sign language; they also needed the company of other deaf children in preschool and other daily activities. With such a background, a deaf child could begin school with the same developed skills and expectations as hearing children.

15. However, a 2009 World Federation of the Deaf (WFD) report had found that few deaf people had access to such opportunities. In fact, as many as 90 per cent of the world's deaf children and adults in developing countries had never been to school and were virtually illiterate. Some countries still denied deaf people access to education, government services and equal citizenship solely on the basis of their disability and most deaf people were excluded from important sectors of society owing to a lack of recognition of sign languages, a lack of bilingual education and a limited availability of interpretation services.

16. Bilingual education used sign language to instruct deaf children in all subjects, with a parallel emphasis on reading and writing in the language of the society they lived in. It required qualified teachers and deaf adult role models to provide a linguistic and cultural identity. A bilingual approach offered deaf children a strong basis for independent communication, maximized their academic and social development and contributed to their inclusion in society at later stages of life, such as in tertiary education and the labour market. Of the 93 countries that had responded to the WFD global survey, 23 had stated that they used the bilingual approach. However, many traditional deaf schools were not truly bilingual and bicultural, and most deaf or general education systems did not meet the Convention's high standards for education of deaf children.

17. The bilingual approach required sign language to be used as the primary language of instruction, with the society's spoken language used as the written form. In addition, in the bilingual approach, a sign language was taught as the natural language and was included as an academic subject within the national curriculum. That required qualified teachers who were native sign language users; bilingual, culturally appropriate learning materials; and a foundation of established academic research in sign language and first- and second-language learning.

18. The principles of inclusive education could be followed in the general education system by using "reversed mainstreaming" — in other words, integrating hearing children into bilingual deaf education systems using the language immersion method. Assistive hearing technology, including cochlear implants, could not provide deaf children with full access to a spoken language; they required fully accessible sign language, spoken language in written form, and speech education based on individual needs.

19. WFD recommended a series of measures designed to secure the high-quality education of deaf

children, including early identification of deaf children, followed by sign language environments and education, in partnerships between families, deaf adults and professionals; equal access to education for deaf learners based on curricula that included study in both the local sign language and the local written language; provision of resources for effective sign language and deaf studies programmes to deaf children, teachers, administrators, doctors and therapists; support for training programmes for deaf people who wished to become education professionals; provision of qualified sign language interpreters; role models; and full participation in the educational process by deaf learners placed in mainstream educational settings. In addition, support for research was required in order to develop strategies and instruments for teaching indigenous sign languages and developing fluency in sign languages. There was also a need for research into the benefits of acquiring an education using direct communication pedagogies, rather than indirectly through a third-party interpreter.

20. **Mr. Chalklen** (United Nations Special Rapporteur on Disability of the Commission for Social Development) said that the exclusion of people with disabilities from education ultimately led to a lack of economic opportunity and financial dependence. The growing emphasis on non-discrimination and equal access had improved inclusion in education. More children with disabilities than ever before were being mainstreamed into general education systems. However, although excellent inclusive education policies existed, their implementation was uneven; while most of them applied the World Programme of Action Concerning Disabled Persons and the Standard Rules on the Equalization of Opportunities for Persons with Disabilities to great effect, the Programme of Action and the Rules had been adopted prior to the Convention, which placed greater emphasis on the full development of human potential, sense of dignity and self-worth. In order to give effect to article 24 of the Convention, the total educational requirements of learners with disabilities, from early childhood through adulthood, needed to be taken into account. While many countries in Africa had made significant strides towards the Millennium Development Goals while including learners with disabilities, that progress came at a high cost to the quality of education.

21. South Africa provided a good example of the existing challenges. The country had in place excellent policies that pre-dated the Convention, including legislation that established the foundation for a non-discriminatory education system, adult basic education, job training for people with disabilities and an inclusive education system. However, effective implementation of inclusive policy was still lacking. Many mainstream schools remained inaccessible and special schools did not have the required resources and skills, particularly with regard to Braille and sign language. The Department of Education did not take responsibility for appropriate placement and mainstreaming of children with disabilities into an already overburdened system. Negative attitudes and a lack of human resources, such as educational psychologists and physiotherapists, were also a challenge in providing optimal education for children with disabilities. Furthermore, there was no institutional support, education or training for such children after the age of 18; bridging courses with tertiary institutions and employers were needed. Policies promulgated at the national level were far from the reality at the local level.

22. That kind of unequal implementation highlighted the key barriers to inclusive education: the deficit model, negative attitudes and a lack of awareness; a lack of resources and political will; the need for accessibility in educational environments and materials; lack of support from teachers; and lack of understanding of the legal framework and policies in place in many countries.

23. **Ms. Peláez Narváez** (Vice-Chairperson of the Committee on the Rights of Persons with Disabilities), speaking from a Braille text, said that inclusive education was a new concept in that it considered diversity and differences between human beings to be an added value to the education community. Inclusive education encompassed all levels with schools, education systems and entire societies moving not only towards accepting differences, but also towards making all of the opportunities and strategies provided to students, including with regard to access, available on an equal basis. Special education and comprehensive education models had become outdated as the inclusive model approached education in terms of meeting the individual needs of all students.

24. The general principles set out in article 3 of the Convention shed light on the inclusive education model. For example, the principle of respect for inherent dignity and individual autonomy laid the

foundation for students with disabilities to access the educational centre of their choice and presupposed that education centres would offer the reasonable accommodation required for equal learning conditions. The principle of non-discrimination required States parties to create policies and review current legislation in order to implement inclusive education, as set out in article 24 of the Convention. The principle of participation and inclusion in society was related to the long-term process of mainstreaming learners with disabilities into general education systems and transforming special education schools into support and resource centres within inclusive education systems. The principle of respect for differences and acceptance of human diversity implied specialized and adequate training for education professionals; recognition of sign language and other alternative communication methods; and education policies that used respect for diversity as an indicator of quality, both in schools and in the wider education system. The principle of equality of opportunity went beyond daily classroom activities to encompass issues such as access to scholarships and exchange programmes for learners with disabilities. Similarly, accessibility referred not only to making institutions and information accessible based on universal design principles, but also to integrating those principles into teaching materials, including those made available through new technologies. Gender equality was another important consideration since women and girls with disabilities suffered from the general problem of unequal access to education by the two sexes. Lastly, respect for the evolving capacities of children with disabilities was connected to the need for early childhood education and for coordination between educational levels in order to provide for individual needs. All those issues could be addressed through legislation, education policies and appropriate funding.

25. There were many obstacles to the implementation of inclusive education. At the societal level, challenges included negative attitudes, disregard for women and girls and lack of recognition of diversity among persons with disabilities, including types of disability, race, ethnicity, etc. At the level of education policy, obstacles included budgets that were inadequate to the implementation of existing policy and a limited focus on rural and marginalized areas. At the level of schools and education centres, there was a lack of knowledge of disabilities among teachers, a lack of reasonable accommodations, and limited resources. The United Nations system could support States parties' efforts to implement article 24 of the Convention by including inclusive education in international cooperation strategies, creating specific funding to transition special education schools to the inclusive education model, and especially by taking into account the different and greater levels of discrimination experienced by women and girls with disabilities, particularly at a time when the Organization was focusing on policies to eliminate discrimination against women.

The meeting was suspended at 11.20 a.m. and resumed at 11.35 a.m.

(a) Round table 1: Inclusion and living in the community

26. *Mr. Kosa (Hungary), Vice-President, took the Chair.*

27. **The President**, signing through an interpreter and speaking as the representative of Hungary, said that he was a deaf member of the European Parliament. The Charter of Fundamental Rights of the European Union had been incorporated into the law of the European Community on 1 December 2009 and shaped policies regarding persons with disabilities. In that connection, greater emphasis should be placed, in the context of legal and human rights, on the ability of such persons to contribute to society and on their human dignity.

28. In Hungary, much remained to be done in order to implement article 19 of the Convention. Instead of being dismantled, institutions for persons with disabilities had merely been renovated, although some European Union structural funds had been spent on deinstitutionalization. The new Government, led by the same Prime Minister who, 10 years previously as Prime Minister, had been recognized for his work in the field of disability, was committed to pursuing the deinstitutionalization process in accordance with European Commission mandates.

29. The Convention was a milestone in international law; indeed, it was the first fully democratic human rights convention of the new century. Despite its adoption by the European Council in November 2009, all key players, including civil society, must do more at the level of the European Union and of its member States to provide a new model for cooperation between non-governmental organizations (NGOs) and

Governments. Hungarian organizations for persons with disabilities, through the National Disability Councils, as well as persons with disabilities who were members of the European and Hungarian Parliaments, were working to reform Hungarian legislation. In light of discrepancies between the Charter of Fundamental Rights and the Convention, the European Union would have to innovate in order to maintain a sustainable and open society; in particular, the imminent challenge of an ageing society would present both problems and opportunities for people with disabilities.

30. **Mr. Al-Tarawneh** (Vice-Chairperson of the Committee on the Rights of Persons with Disabilities) said that implementation of the Convention required every stakeholder to implement all of its articles. The right to live and take part in the community and to choose how a person wanted to live and be part of that community, were enshrined in article 19 of the Convention, but were often denied to persons with disabilities who were institutionalized against their will.

31. In 1999, the Supreme Court of the United States of America had ruled that unjustified segregation in institutions constituted discrimination because it perpetuated stigma and curtailed everyday activities. Although institutionalization was supposed to provide the inmates with the best possible service, the Court had found that they were living like animals in zoos.

32. Under the Convention, Governments were obligated to ensure not only that persons with disabilities had the right to choose, but also that favourable conditions were in place for the exercise of that right; only then would they enjoy real self-determination and life in the community. That obligation required both legislation that guaranteed the right to choose, and available and affordable community-based social services tailored to the needs of persons with disabilities with an emphasis on non-discrimination and reasonable accommodations. States parties to the Convention must show that such conditions existed.

33. **Mr. Eidelman** (Department of Human Development and Family Studies, University of Delaware), accompanying his statement with a computerized slide presentation, said that despite the wording of the preamble to article 19 of the Convention, persons with disabilities faced discrimination in the form of segregated institutionalization and denial of choices. They had the right to autonomy and independence but enjoyed neither in long-stay institutions. People with disabilities had the right to live in the community; lack of choices was a form of discrimination. However, some people with disabilities had diminished capacity to make choices or little experience in doing so, and even persons living in the community might be isolated from it.

34. By definition, institutions denied people with disabilities access to larger society. They were places where people were isolated, segregated and forced to congregate without control over their lives or decisions. Long-stay institutionalization was often the result of a lack of resources; it was neither necessary nor successful. That outdated model prevented people from leading meaningful lives based on relationships, experiences and non-structured human interaction. Deinstitutionalization and community-based care must respect how people wanted to live and what they needed. The support provided must accommodate the user's needs, regardless of physical location, through person-centred planning.

35. Deinstitutionalization was about helping people leave long-stay institutions, providing families with appropriate support, while building the capacity of persons with disabilities to live in the community, and closing further admission to institutions. Member States should take steps to achieve that goal, including by educating policymakers and, in some cases, transforming the paradigm of community services. In light of the current global economic pressures, most countries could not simultaneously maintain different levels of care programmes; many of them were rebuilding institutions, or building new ones. Adults with disabilities were living longer lives in families that were also ageing. In addition, workforces were ageing and there was a shortage of caregivers. Families needed culturally appropriate support in order to prevent institutionalization. New Zealand, Canada and the United Kingdom had, for the most part, left institutions behind and the United States of America had integrated children with intellectual disabilities into schools, significantly reducing institutionalization.

36. Although the Convention referred to choice, leaders must be aware of possible tensions in families that might not want their members with disabilities to make choices. And after years in institutions, persons with disabilities did not know how to choose.

Community inclusion required changes in the practices and systems that current leaders considered innovative; discussion and debate were important and the benefits, not the cost, of inclusion must be its selling point. Many States allocated more resources to the institutionalization of people with disabilities than to family support, thereby putting incentives in the wrong places. States parties to the Convention should ensure that their foreign aid programmes did not support segregation by funding the rebuilding of institutions that perpetuated it. The development of community capacity and greater resources for persons with disabilities who lived in families was possible, but careful planning was needed.

37. **Ms. Halilcevic** (Inclusion Europe) said that after a childhood spent in Croatian institutions, where she had completed her special elementary and high school education, she had lived with her family before returning to institutions owing to difficult circumstances. Her caregivers had told her she had no worries and had everything done for her, but, having learned of an association that promoted inclusion and supported housing services in Zagreb, she had arranged a meeting and had immediately realized that she wanted to live in the community. Three and a half years later, with help and support, she was living like other people, and contributing to the community in which she lived and worked.

38. As a self-advocate for persons with intellectual disabilities, she worked with others in Croatia and through Inclusion Europe to ensure that people like herself could become equal members of their societies. Although the Convention had been ratified by many countries, its provisions — and especially article 19 — had not been fully implemented. It was not true that institutional employees and guardians knew what was best for persons with disabilities. Under the Convention, people must be able to decide about their own lives and to choose where they lived, and they had a right to support.

39. *Ms. Mayende-Sibiya (South Africa), resumed the Chair.*

40. **Ms. Rivas** (Chile), speaking from a Braille text, said that Chile's ratification of the Convention had been the first step towards social inclusion for persons with disabilities in her country and had required new public policies. In February 2010, Act No. 20,422 had established standards for equal opportunities and social inclusion for such persons and created an Advisory Council on Disability. International networks for cooperation were being strengthened. Under an agreement with the European Union, funding had been allocated for development of inclusion standards, a National Disabilities Plan (2010-2018) and improvements to national statistical instruments in order to incorporate indicators on disability.

41. Under instructions from President Piñera and in order to implement Act No. 20,422, 13 regulations were being drafted, ensuring a comprehensive and cross-sectoral approach to disability in the institutions concerned. There were coordinated efforts to ensure that reconstruction following the earthquake and tsunami of February 2010 would be based on universal design criteria in order to make Chile a pioneer in the construction of accessible cities, respecting the fundamental right to unimpeded and independent movement. Through efforts in all sectors, Chile would also achieve equal opportunity and full social inclusion.

42. She would appreciate it if the Vice-Chairperson of the Committee on the Rights of Persons with Disabilities could comment on ways in which networks for cooperation in the field of special education could be formed; that task was complicated by cultural approaches to the need for such education in Chile.

43. **Ms. Arabian** (Mexico) said that inclusive education, specifically in Mexico, would require the transformation of an entire system of more than 200,000 public schools, as well as private ones. Regardless of a country's economic conditions, cooperation and funding were needed for the changes required to make inclusive education a reality. In the case of Mexico, and especially in rural areas, that would include investments in road and other infrastructures so that students with disabilities could be transported to school. States parties must work together to establish a fund to support inclusive education.

44. **Mr. Bastos** (Brazil) said that effective implementation of the Convention was the main challenge to be faced by States parties. In order for persons with disabilities to fully enjoy their human rights, there was a need to overcome legal hurdles in national legislation so that they could gain access to books in accessible formats. Even in developed countries, less than 5 per cent of published works were

available in Braille or as audiobooks. Brazil, Ecuador, Mexico and Paraguay were engaged in negotiations at the World Intellectual Property Organization (WIPO) and were sponsoring a draft treaty on improved access for blind, visually impaired and other reading-disabled persons. He urged States parties to the Convention and civil society to support the goal of early agreement on the draft treaty.

45. **Ms. Olivotto** (Canada) said that Canada had been among the first countries to sign the Convention; its ratification in March 2010 showed her Government's commitment to further reducing barriers to full participation in society by persons with disabilities.

46. In addition to its strong human rights legislation, her Government had a number of programmes and initiatives that helped persons with disabilities to participate fully in the community, by providing funding for accessible housing and transportation, caregiver and other tax credits, and saving plans for such persons and their families.

47. The geographical concentration of support services meant that persons with disabilities often must live in segregated, institutionalized settings; Canada would welcome views on how to ensure access to necessary services and supports for persons with disabilities in rural areas. Canada's prosperity depended on its citizens' skills and training. In accordance with its legislation, her Government had implemented financial support programmes to help persons with disabilities with their post-secondary education through reimbursement of student loans or the provision of note-takers. It had also helped people to obtain and stay in employment or to work independently. Her delegation would like to share experiences and lessons learned with regard to inclusion, the right to education and new means and methods of communication.

48. **Mr. Zelioli** (Italy) stressed the importance of involving local authorities and associations and NGOs in the implementation of article 19 of the Convention. The Italian Government, with the assistance of the local government of Parma and NGOs, had drafted a white paper on urban mobility and accessibility which provided local authorities with guidelines for projects to improve accessibility. The aim was to change local authorities' perceptions so that they would see accessibility as a natural choice and not something imposed by national policymakers.

49. After ratifying the Convention in 2009, Italy had developed guidelines for mainstreaming the issue of disability in its development assistance. All future initiatives would be based on an inclusive approach.

50. A private Italian foundation, the Fundazione Rosselli, had undertaken a project to establish, in the State of São Paulo, Brazil, a centre of excellence for technology and innovation for persons with disabilities. Such persons had special capabilities and knowledge as a result of having had to compensate for lost senses, limited mobility or other impairments. The centre would identify technological and organizational solutions to maximize the social inclusion of persons with disabilities and would use their special abilities to develop job opportunities, in cooperation with private enterprises.

51. **Mr. Wolfe** (Jamaica) said that the Conference would touch the lives of over 650 million people, a group that had been marginalized and discriminated against. As the first country to simultaneously sign and ratify the Convention, Jamaica firmly believed that persons with disabilities should be allowed to maximize their potential.

52. Jamaica was working on national legislation to protect the rights of persons with disabilities and had amended 50-year-old regulations under which deaf persons had not been allowed to drive. The University of the West Indies had established a Centre for Disability Studies whose work would enhance the quality of life of persons with disabilities in Jamaica and the wider Caribbean. It was developing a Global Disability Index to track and measure Member States' progress in implementing the Convention. He would welcome the panel's views on that initiative and on whether there were any efforts to link international development assistance to the mainstreaming of institutional support for persons with disabilities.

53. **Ms. Salazar** (Costa Rica) said that the Costa Rican Government agency for persons with disabilities was adapting to the mandates of the Convention. The programme to provide services to persons with disabilities who were at risk was being revised and alternatives for integration into the community were being promoted.

54. The Government's limited resources had prevented it from providing all the services necessary to guarantee persons with disabilities independent lives. However, guidance, training and information

services did respect the principles of personal autonomy and independent living. Civil society had organized independent living movements and a bill aimed at ensuring the supports necessary for personal autonomy was currently before the legislature. The Government offered economic support that covered the basic needs of persons with disabilities, thus enabling them to develop their individual abilities.

55. Examples of good practices in community-based approaches in Costa Rica included local committees that worked to bring all social actors in communities together, with the active participation of persons with disabilities, to build inclusive societies. In addition, the amended municipal code provided for the establishment of standing accessibility committees to draft budgets for improving the accessibility of facilities and information.

56. Under the National Disability Policy, education was seen as a key means of enabling persons with disabilities to develop their abilities and skills. Teachers and school administrators were being trained in order to ensure that they would guarantee respect for the right to education for persons with disabilities. The Constitution had been amended to protect the right to education through an increase in funding for State education, including higher education.

57. Ideas regarding the scale of institutional and State budgets for the areas of community inclusion and education, as well as recommendations on the allocation of such resources in developing countries, would be welcome.

58. **Mr. Bunton** (Thailand), speaking from a Braille text, said that Thailand had been one of the first countries to sign the Convention and had amended its legislation in order to be able to ratify it. The Constitution had also been amended, with the addition of six articles concerning the rights of persons with disabilities and ensuring their participation in the legislative process.

59. Legislation to protect persons with disabilities covered independent living and integration into the community. Persons with disabilities received allowances or pensions, personal assistance, help in adapting the home environment to their needs and assistance when travelling to ensure independence. In the future living expenses would be tax-deductible. Legislation in the field of education went beyond the requirements of the Convention. In addition to free compulsory education, persons with disabilities were entitled to free tertiary education.

60. Inclusiveness measures should stress the need for diversity and tolerance. Education systems should accommodate various kinds of services, including integrated and specialized services, so that persons with disabilities could participate fully in society and receive the support they needed to acquire life skills and achieve social development.

61. **Mr. Mohmed** (Sudan) said that there were awareness programmes in the Sudan for persons with disabilities, especially landmine victims and participants in disarmament, demobilization and reintegration projects. Persons with disabilities in the Sudan also benefited from social, educational and economic programmes, carried out in cooperation with international and local organizations. Current efforts in the areas of rehabilitation and health care should pave the way for economic supports in the future.

62. The Government of the Sudan had participated in the preparatory work leading to the adoption of the Convention and had acceded to that instrument. Domestic legislation had been brought into line with the Convention and the national policy on persons with disabilities had been published. The Sudanese Government believed that persons with disabilities must be able to enjoy their rights and freedoms and that their human dignity must be respected. They should have employment opportunities and be able to participate in society. The embargo imposed on the Sudan by the international community impeded its programmes for persons with disabilities, and should be lifted.

63. **Mr. Şentürk** (Turkey) said that, as he had only recently begun to learn English, his colleague would read out his statement.

64. **Mr. Sen** (Turkey), reading out a prepared statement, said that Mr. Şentürk, an artist and singer who was well known in Turkey, had recently broken the world land speed record for the visually impaired. He had done so to prove that persons with disabilities could achieve anything they wanted.

65. Despite developments in Turkey and around the world that benefited persons with disabilities, much remained to be done, especially with respect to the implementation of the Convention. All countries should be encouraged to become parties to the

Convention, and NGOs should play an important role in its implementation.

66. In relation to the World Programme of Action concerning Disabled Persons, there were plans to establish a World Union of Handicapped Organizations in Istanbul, Turkey, which was a geographical, cultural and historical bridge between East and West. The Union would be an umbrella organization for NGOs, and it had received strong support from the Turkish Government and related agencies and organizations. The aim was to realize the potential of persons with disabilities in a barrier-free world fit for all.

67. **Ms. Mbatsha** (South Africa) said that efforts to include persons with disabilities in South Africa took place at both the policy and legislative levels. The country's agenda of social transformation placed special emphasis on the principles of non-discrimination and equality for persons with disabilities, as demonstrated by the Government's promotion of equal opportunities and integration.

68. Health care was a component of preventive programmes, which included health education, early identification and intervention initiatives. South Africa had adopted a policy of free health care for persons with disabilities, enhanced accessibility of health facilities and services and a rights-based approach to the management of disability.

69. The right to education, which the State must make progressively available and accessible to all, was enshrined in the Constitution of South Africa. The country's policy of inclusive education was intended to promote tolerance and respect for diversity and the human rights of all people, specifically those with disabilities, who had been and were still being marginalized and excluded. Supports in the form of materials and training were being provided to meet the goals of inclusive education.

70. Persons with disabilities in rural areas faced difficulties in receiving basic services, and most poor persons with disabilities lived in rural areas. Therefore, the development of such areas was being addressed as a priority. Poverty was being tackled through the creation of economic opportunities and the empowerment of communities and individuals to access those opportunities. While the Government recognized the importance of providing a social safety net, it also sought to enable individuals and communities to support themselves and others.

71. **Ms. Dookun-Luchoomun** (Mauritius) said that her Government had always taken a rights- and equality-based approach to policies for persons with disabilities, with the participation of all stakeholders. It had established a National Council for the Rehabilitation of Disabled Persons, with representatives of the disability community. A law on the training and employment of persons with disabilities provided for targeted projects and quotas. Other initiatives included awareness campaigns, a public-private network to facilitate job placement, workshops on accessibility features in public buildings and legal requirements in that regard, free public transport for persons with disabilities, a basic pension for persons with disabilities and a caregiver's allowance to promote family-based inclusion.

72. The Government of Mauritius would like to know whether all signatories to the Convention would have access to the proposed fund to support the transition from special needs education to inclusive education.

The meeting rose at 1.10 p.m.